- JAN-01-2005 SAT 10:48 PM SUDOWSKI

FAX NO. 1804479444

P. 01/05

## TRINITY CHIROPRACTIC LLC 1100 DIXWELL AVE. HAMDEN, CT 06517 TEL (203) 787-2000 FAX (203) 458-7780

June 03, 2008

Wambolt & Tolomeo, LLC

Re: Thibodeau, Jeffrey
Date of Injury/Onset: May 3, 2008
Date of Initial Exam: May 9, 2008

To Whom it May Concern:

On May 9, 2008, Mr. Jeffrey Thibodeau presented himself for an initial examination and evaluation of his complaints coming from a slip and fall accident that he was involved in on May 3, 2008.

#### **INJURY DESCRIPTION:**

Mr. Thibodeau reported, Patient stated that he slippe dand fell in front of a circuit city store due to a broken side walk. His right ankle give out and landed on left wrist.

### **CURRENT COMPLAINTS:**

An assessment of Mr. Thibodeau's current signs and symptoms was performed today. His first symptom is dull and throbbing temporal headaches.

Mr. Thibodeau's second stated symptom is sharp and spastic pain in the neck on the right side. It occurs between three fourths and all of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left and by bending to the right.

He stated his third symptom is shooting, spastic, throbbing and pounding pain in the low back on the right side. It occurs between three fourths and all of the time he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left, bending to the right, twisting to the left, twisting to the right, coughing, sneezing, straining, standing and by lifting.

His next symptom is throbbing pain in the mid back on the right side. It occurs between one half and three fourths of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left and by bending to the right.

He stated his next symptom is aching, spastic and throbbing pain in the upper back on the right side. It occurs between one half and three fourths of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, standing and by lifting.

Another symptom is dull, aching and throbbing pain in the right ankle. It occurs between one half and three fourths of the time he is awake, and is tolerated but it does cause some diminution in his capacity to carry out daily activities. It is aggravated by standing and by walking.

JAN-01-2005 SAT 10:48 PM SUDOWSKI

FAX NO. 1804479444

P. 02/05

He also complained of numbing and tingling pain in the left wrist. It occurs between one half and three fourths of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities.

#### **HISTORY:**

Mr. Thibodeau indicated that he had not experienced prior symptoms similar to his current complaints, and was symptom free at the time of the aforementioned accident/onset of May 3, 2008.

I have determined that Mr. Thibodeau's history has not contributed to his present condition.

ACTIVITIES OF DAILY LIVING ASSESSMENT:
Based on an assessment of Mr. Thibodeau's history, along with his subjective complaints, objective findings, and other test results, it is evident from a standpoint of medical certainty, that his current condition did result from the type of injury/onset described in this report. He reported suffering varying degrees of losses of functional capacity with the following activities:

With regard to Self Care and Personal Hygiene, Mr. Thibodeau stated: bathing, showering, putting on his shoes, tying his shoes and putting on his pants can be managed by himself, despite marked pain.

With regard to *Physical Activity*, Mr. Thibodeau stated: standing, walking, stooping, squatting, kneeling, bending forward, bending backward, bending to the left, bending to the right, twisting to the left and twisting to the right can be managed alone, despite marked pain.

Regarding Sleeping, he stated: his ability to sleep a normal, restful nights sleep is moderately restricted by his condition.

## **GENERAL PHYSICAL EXAMINATION:**

Mr. Thibodeau is a right-handed 28 year-old mentally alert and cooperative male.

Date of Birth: December 18, 1979.

His superficial appearance suggested he was in distress.

Stature: Well developed.

Blood Pressure (Left Side): 120/78 mm Hg. On the left side, Mr. Thibodeau's blood pressure measurement was normal.

Blood Pressure (Right Side): 120/80 mm Hg. On the right side, Mr. Thibodeau's blood pressure measurement was normal.

Pulse Rate (resting): 69 beats per minute (normal).

Deep Tendon Reflexes: An examination of the deep tendon reflexes of the upper and lower extremities was performed in relation to the cervical and lumbar nerve roots, which showed them reacting within normal limits with approximately equal strength, one side being compared to the other.

# **RANGE OF MOTION STUDIES:**

The following joint range of motion calculations and analyses were performed to determine Mr.

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 3 of 22

JAN-01-2005 SAT 10:48 PM SUDOWSKI FAX NO. 1804479444

P. 03/05

Thibodeau's present condition with regard to joint motion.					
Cervical Spine:	<u>Angle</u>	Analysis			
Flexion	30 degrees	Norm is 50 degrees.			
Pain and spasms were both present		·			
Extension	25 degrees	Norm is 60 degrees.			
This caused both pain and spasms.	₹,	<b>*</b>			
Left Lateral Flexion	15 degrees	Norm is 45 degrees.			
This caused both pain and spasms.	_				
Right Lateral Flexion	30 degrees	Norm is 45 degrees.			
Pain and spasms were both present.	_ ·	-			
Left Rotation	40 degrees	Norm is 80 degrees.			
This test brought on both pain and s	spasms.				
Right Rotation	40 degrees	Norm is 80 degrees.			
Pain and spasms were both present.					
<u>Lumbar Spine</u> :	Angle	Analysis			
True Lumbar Flexion	40 degrees	Moderate restriction: norm is 60+			
True Lumbar Extension	15 degrees	Moderate restriction: norm is 25			
degrees.					
Left Lateral Flexion	10 degrees	Marked restriction: norm is 25 degrees.			
This test brought on both pain and s					
Right Lateral Flexion	20 degrees	Slight restriction: norm is 25 degrees.			
Pain and spasms were both present.					
Extremities Range of Motion Me					
<u>Upper Extremity</u> :	<u>Angle</u>	Analysis			
Wrist:	•				
Flexion (Left)	20 degrees	Normal flex. is 60.			
Extension (Left)	30 degrees	Normal ext. is 60.			
Rad. Deviation (Left)	10 degrees	Norm is 20.			
Ulnar Deviation (Left)	10 degrees	Norm is 30.			
Lower Extremity:	<u>Angle</u>	<u>Analysis</u>			
Ankle:		se see la			
Plantar Flexion (Right)	15 degrees	Normal flexion is 21.			
Ext. (Dorsiflexion-R.)	7 degrees	Norm is 10.			
NEUROLOGICAL EVALU	ATION:				

Pathologic Reflexes Tests: Babinski Reflex was negative.

<u>Posterior Column Disorders:</u>
The Finger to Finger Test was negative. The Finger to Nose Test was negative. Romberg's Sign was not present.

Sensory Deficit Testing:
All upper extremity dermatomes tested were normal with no loss of sensibility, abnormal sensation, or pain noted.

All lower extremity dermatomes were found to be within normal limits with no loss of sensibility, abnormal sensation, or pain noted.

# ORTHOPEDIC EVALUATION:

Cervical Lesion Tests:
The Jackson Compression Test was positive on the right side. The Maximum Cervical Compression Test was positive on the right side. The Shoulder Depression Test was positive on the right side. Valsalva Maneuver was positive on the right side.

JAN-01-2005 SAT 10:48 PM SUDOWSKI

FAX NO. 1804479444

P. 04/05

Sacroiliac Lesion Tests: Yeoman's Test was positive on the right side.

Sciatic Nerve Lesion Tests:

Bragard's Sign was positive on the right side. The Lasegue (Straight Leg Raise) Test was positive on the right side. On this patient, moderate pain at was elicited at 45 degrees, which may indicate low back radiculopathy or possibly a lumbar disk lesion.

Intervertebral Disc Syndromes:

Kemp's Test was positive on the right side. The Sitting Root Test was positive on the right side.

PALPATION EVALUATION:

Palpation, which is an examination using the hands, was performed to evaluate Mr. Thibodeau's response to pressure and to examine tissue consistency.

Paraspinal Studies:
Palpation of the left suboccipital muscle group of the neck demonstrated moderate pain. The right suboccipital muscle group of the neck revealed severe pain. Palpating the left paracervical muscles revealed moderate pain. The right paracervical muscles demonstrated severe pain.

Palpation of the left upper thoracic group of the dorsum disclosed moderate pain. The right upper thoracic group of the dorsum revealed severe pain. Palpation of the left mid thoracic group disclosed moderate pain. The right mid thoracic group revealed severe pain. Palpation of the left thoracolumbar group disclosed moderate pain. The right thoracolumbar group revealed severe

Palpating the left iliolumbar group of the low back disclosed moderate pain. The right iliolumbar group of the low back revealed severe pain.

Trigger Point Studies:
The left trapezius muscle group disclosed active trigger points. The right trapezius muscle group elicited active trigger points. The left rhomboid muscle group revealed tender trigger points. The right rhomboid muscle group disclosed active trigger points. Palpating the left mid scapular muscles revealed active trigger points. The right mid scapular muscles disclosed active trigger points.

**FUTURE CARE PLAN:** 

Present Care Phase: Mr. Thibodeau is presently in a relief phase of care.

Future Treatment Plan: Mr. Thibodeau's future care plan includes ultrasound, moist heat therapy, physiotherapy, EMS (electrical muscle stimulation), massage therapy and spinal manipulation three times a week for four weeks.

Goals of Treatment Plan: Our goals for the above proposed treatment plan are decreasing pain, decreasing swelling and inflammation, decreasing spasms, increasing the ability to perform normal activities of daily living, increasing strength, returning the patient to his pre-clinical status, increasing function, stabilizing segments, correcting muscle imbalance, achieving maximum medical improvement, increasing flexibility and improving alignment.

Prognosis: Unknown at this time.

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 5 of 22

JAN-01-2005 SAT 10:49 PM SUDOWSKI

FAX NO. 1804479444

P. 05/05

If my office can be of further assistance regarding Mr. Thibodeau please do not hesitate to contact me.

Sincerely,

MANAL MENA, D.C. IME

08/05/2008 14:22

1-203-777-8919

GENERAL PRACTITIONES

PAGE 03

## TRINITY CHIROPRACTIC LLC 1100 DIXWELL AVE. HAMDEN, CT 06517 TEL (203) 787-2000 FAX (203) 458-7780

Au zust 05, 2008

Wa nbolt & Tolomeo, LLC

FIMAL EXAMINATION

Re: Thibodeau, Jeffrey

Date of Injury/Onset: May 3, 2008 Date of Initial Exam: May 9, 2008 Date of Discharge: July 31, 2008

To Whom it May Concern:

On May 9, 2008, Mr. Jeffrey Thibodeau presented himself for a re-examination and evaluation of his complaints coming from a slip and fall accident that he was involved in on May 3, 2008.

#### **GENERAL PHYSICAL EXAMINATION:**

Mr. Thibodeau is a 28 year-old mentally alert and cooperative male.

His superficial appearance did not indicate any obvious distress. There was no apparent spine tilt wit i him standing upright.

Ga t: His walk revealed no antalgic gait.

Deep Tendon Reflexes: An examination of the deep tendon reflexes of the upper and lower extremities was performed in relation to the cervical and lumbar nerve roots, which showed them rearting within normal limits with approximately equal strength, one side being compared to the oth π.

RANGE OF MOTION STUDIES:

Cei vical Spine:	Angle	Analysis
Fle tion	50 degrees	No restriction: norm is 50 degrees.
Extension	60 degrees	No restriction: norm is 60 degrees.
Left Lateral Flexion	45 degrees	No restriction: norm is 45 degrees.
Right Lateral Flexion	45 degrees	No restriction: norm is 45 degrees.
Left Rotation	80 degrees	No restriction: norm is 80 degrees.
Right Rotation	80 degrees	No restriction: norm is 80 degrees.
<u>Lu mbar Spine:</u>	<u>Angle</u>	<u>Analysis</u>
Lumbar Flexion	70 degrees	No restriction: norm is 60+
Luinbar Extension	25 degrees	No restriction: norm is 25 degrees.
L. Straight Leg Raise	90 degrees	
R. Straight Leg Raise	90 degrees	
Lelt Lateral Flexion	25 degrees	No restriction: norm is 25 degrees.
Right Lateral Flexion	25 degrees	No restriction: norm is 25 degrees.
Ex remities Range of Motion N	<u>leasurements:</u>	_
Upper Extremity:	<u>Angle</u>	<u>Analysis</u>
Wist:		
Flexion (Left)	50 degrees	Normal flex. is 60.

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 7 of 22

98/05/2008 14:22 1-203-777-8919

GENERAL PRACTITIONES

Norm is 10.

PAGE 04

Extension (Left) 50 degrees Normal ext. is 60. Rad Deviation (Left) 15 degrees Norm is 20. 30 degrees Ulnur Deviation (Left) Norm is 30. Lower Extremity: Angle Analysis Ank le: Plantar Flexion (Right) 20 degrees Normal flexion is 21.

10 degrees

#### NEUROLOGICAL EVALUATION:

Pathologic Reflexes Tests: Babinski Reflex was negative.

#### Pos erior Column Disorders:

The Finger to Finger Test was negative. The Finger to Nose Test was negative. The Heel-Knee Test was negative. Romberg's Sign was not present.

#### OR THOPEDIC EVALUATION:

Cervical Lesion Tests:

Ext. (Dorsiflexion-R.)

The Cervical Distraction Test was negative. The Jackson Compression Test was negative. The Maximum Cervical Compression Test was negative. The Shoulder Depression Test was neg itive.

#### Sacroiliac Lesion Tests:

Yeoman's Test was negative.

#### Scintic Nerve Lesion Tests:

Bragard's Sign was negative. The Lasegue (Straight Leg Raise) Test was negative, as both legs could be straight leg raised to 90 degrees without pain.

#### Intervertebral Disc Syndromes:

Kemp's Test was negative.

#### PALPATION EVALUATION:

Palpation, which is an examination using the hands, was performed to evaluate Mr. Thibodeau's response to pressure and to examine tissue consistency.

#### Par aspinal Studies:

Palpation of the left suboccipital muscle group of the neck demonstrated slight pain and tenderness. The right suboccipital muscle group of the neck revealed slight pain and tenderness. Palpating the left paracervical muscles revealed slight pain and tenderness. The right paracervical muscles demonstrated slight pain and tenderness.

Palpation of the left upper thoracic group of the dorsum disclosed slight pain and tenderness. The right upper thoracic group of the domum revealed slight pain and tenderness. Palpation of the left mic thoracic group disclosed slight pain and tenderness. The right mid thoracic group revealed slight pain and tenderness. Palpation of the left thoracolumbar group disclosed slight pain and tenderness. The right thoracolumbar group revealed slight pain and tenderness.

### Trigger Point Studies:

The left trapezius muscle group disclosed slight pain and tenderness. The right trapezius muscle gro ip elicited slight pain and tenderness. The left rhomboid muscle group revealed slight pain and tenderness. The right rhomboid muscle group disclosed slight pain and tenderness. Palpating the left mid scapular muscles revealed slight pain and tenderness. The right mid scapular muscles disclosed slight pain and tenderness.

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 8 of 22

08/05/2008 14:22

1-203-777-8919

GENERAL PRACTITIONES

PAGE 05

#### PROGNOSIS:

The patient's prognosis at this time is good but guarded.

### **CLOSING COMMENTS:**

Mr. Thibodeau has been under my care for injuries resulting from a slip and fall. He has been coming for his treatments as recommended to do so. As noted above, his condition has improved as a result of our treatments.

The patient could therefore remain intermittently symptomatic for a prolonged period of time. May required periodical medical treatment on an as needed basis. And, it is my opinion as well as the opinion of many other experts/authorities, and studies done and documented on similar cases (available upon request). That the need for such additional treatment is casually related to the injuries sustained and probably would not be necessary had the accident/injury not occurred.

Although I have discharged this patient, he was advised to return to this office on an as needed bases should pain recur or aggravated.

If ray office can be of further assistance regarding Mr. Thibodeau, please do not hesitate to contact me.

Sin serely,

MANAL MENA, D.C. IME

Exhibit(s) Page 9 of 22

10/29/2008 13:36 1-203-777-8919

GENERAL PRACTITIONES

PAGE 01

# TRIINITY CHIROPRACTIC

1100 DIXWELL AVE. HAMDEN, CT 06517 (203) 787-2000

NAME: <	Ell.	(203) 787-2000	D.O.I. 5/3/08.
	fee P	rogress Notes	
DATE	S: Initial for	2m.	
20/08	O:		
, \	P: BXWK. No es:		
DR'S (NITIALS	MANIELLATION 01-203-004-5  MIN C/S T/ S L/S R L SHOU  S MID C/S T/ S L/S R L SHOU  O CP/HP DMR DTPT DTHERAPEU	REGIONS C1234567, T LBER R L ELBOW R L W LBER R L ELBOW R L W TIC EXERCISES D MASSAG	D Lower Extremities Dupper Extremities 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI PRIST R L HIP R L KNEER L ANKLE PRIST R L HIP R L KNEER L ANKLE B DOTHION DDIA MIN Area or the above mention date. I understand that I
		es not cover the services rendere	d. I attest that the above services mentioned
DATE C	S: Of presents & Logi	@ mi week, L	id of low back. He state
NO D	O Corre els el fl.	8 Christ C Ms go Me	At the Thena region.
2/,	A: Chachanged. P: Continue = ta plan Notes:		
DR'S INITIALS	MANIPULATION D 1-2 D 2-4 D 4-5	REGIONS C1234567, T	Lower Extremities Dupper Extremities 123456789101112, L12345, S/S1 VRIST R L HIP R L KNEER L ANKLE
(L)	UK MIN C/S T/S L/S R L SHOU  O P/HP MR TPT THERAPEU  I a stborize payment from my insurance of	ILBER R L ELBOW R L V TIC EXERCISES O MASSAG urrier to be made on my behalf f	VRIST R L HIP R L KNEER L ANKLE
DR. MAN	PATIENTS SIGNAT	URE- N	

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 10 of 22

10/29/2008 13:40 1-203-777-8919 GENERAL PRACTITIONES

PAGE 04

# . LUNITY CHIROPRACTIC

1100 DIXWELL AVE. HAMDEN, CT 06517 (203) 787-2000

NAME:	well
	700

5/3/08

	f(1, 1, 1)
	Progress Notes
TE	S. It returned today fely sever P in R Rukle ordered
. B <sub>O</sub> ,	C: LARON Clu To Elli.
1	P: Continue = to plan.
	Notes:
ZIAITINI Z	Procedures Performed Today: CMT Ocervical OThoracic O Lumbar O Lower Extremities O Upper Extremitie MANIPLE ATION O 1 0 0 3 0 0 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/2
M	EAS MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKI US MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKI CET/HP DMR OTPT DTHERAPEUTIC EXERCISES DMASSAGE DOTHION DDIA MIN Area
+	I suthorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that at a responsible if my insurance carrier does not cover the services rendered. Lattest that the above services mentioned were rendered to me on the above date.
	PATIENTS SIGNATURE -
ΛTE _	S of reports & in his neck deft with thing when dring Per
1 1	
$\lambda \circ_0$	C: Limited ROManicle, 7/186/11 due to E E'Stiffin.
5/00	A: unchanged.
200	C: Limited Romaicle 7 188618 due to E E'Stiffen.  A: unchanged.  P: Contine 5 70 plan.  Notes:
'S INITIALS	C: Limited Roman Cls. 7 1886 due to E E Steffun:  A: unchanged.  P: Continue & Familia.  Notes:  Procedures Performed Today: CMT O'Cervical O'Thoracic O'Lumbar O'Lower Extremities O'Upper Extremities MANIPHIATION D1-2 D3A D4-5 REGIONS C1234567, T123456789101112, L12345, S.
S INITIALS	A: unchanged.  P: Continue To Day: CMT O'Cervical O'Thoracic O'Lumbar O'Lower Extremities O'Upper Extremities MANIPHUATION O'1-2 O'34 O'4-5 REGIONS C1234567, T123456789101112, L12345, S. EMS MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL MIN C/S T/S U'S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKEL R L SHOULBER
R'S INITIALS	A: unchanged.  P: Continue & Toplan.  Notes:  Procedures Performed Today: CMT Ocervical Othoracic Olumbar O Lower Extremities O Upper Extremities MANIBHLATION O1-2 03/4 04-5 REGIONS C1234567, T123456789101112, L12345, S. ENS. MIN C/S T/S U/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANK

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc

Exhibit(s) Page 11 of 22

10/29/2008 13:40

1-203-777-8919

GENERAL PRACTITIONES

PAGE 03

# MINITY CHIROPRACTIC

1100 DIXWELL AVE. HAMDEN, CT 06517 (203) 787-2000

D.O.I. 5/3/08

Progress Notes

	110gx033 140003	
DATE	S: pt presents today & @ in neck o' Ind back is will as bother Shades blades (1: Dotho Cls. cls. V AROM. Cls & Lls plepale tinde () have	1.
DR'S INITIALS	P: Slow progress P: Continue & for plan. Notes:	
DR'S INITIALS	Procedures Performed Today: CMT Ocervical OThoracic O Lumbar O Lower Extremities O Upper Extremities  MANIPHLATION O 1-2 034 04-5 REGIONS C 1234567, T 123456789101112, L 12345, S/SI  EMS MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE  MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE  OPTHP OMR O TPT O THERAPEUTIC EXERCISES O MASSAGE O OTHION O DIA MIN Area  1 and responsible if my insurance carrier to be made on my behalf for the above mention date. I understand that I are rendered to me on the above date.  PATIENTS SIGNATURE.	
DATE	S: pt uports Dan Complais horn @ ankle stanted  - to improve stightly (2)  C: V AROH in cls &US: beginneral Lyppic C3-cy To-7	k Ts M
DR'S INITIALS	A: Slow Mo grant Procedures Performed Today: CMT Ocervical OThorsoic O Lumbar O Lower Extremities O Upper Extremities  MANIPLILATION O1-1034 04-5 REGIONS C1234567, T123456789101112, L12345, S/SI ELIS MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE	
(	U. MIN C/S T/S L/S R L SHOULBER R L BLBOW R L WRIST R L HIP R L KNEER L ANKLE  CP/HP OMR OTPT OTHERAPBUTIC EXERCISES OMASSAGE COTHION ODIA MIN Area  I suthorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I am responsible if my insurance carrier does not cover the service; rendered. Lattest that the above services mentioned were rendered to me on the above date.  PATIENTS SIGNATURE	

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 12 of 22

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONES

PAGE 02

# 1 LINITY CHIROPRACTIC

1100 DIXWELL AVE. HAMDEN, CT 06517 (203) 787-2000

NAME:	JESS (203) 787-2000 D.O.I. 5/3/08
	Progress Notes
	Tiogress indies
SO/D	S: Pt presents today statis @ in the week is it plightly s!
1281	De spase
,	P: (2001) rue = tx plan. Notes:
DR'S INITIALS .	Proc.:dures Performed Today: CMT   Cervical   OTheracic   Lumbar   OLower Extremities   Oupper Extremities   MANUPLILATION   Oliver 1-27   Oli
P	EMS / MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE  WAS THE DATE OF THE THERAPEUTIC EXERCISES D MASSAGE OF CTHION D DIA MIN Area  [ aut torize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I
	am responsible if my insurance carrier does not cover the services mindered. I attest that the above services mentioned were rendered to me on the above date.  PATIENTS SIGNATURE
•	Sharp
DATE	S: of reports fulif ( in between Shoulder blades today
1/2/8	O: Triggest Noted D Rhombood, Segmental Syof C3-Cr, Ly
<b>2</b> 0/,	A: 8 Cou Conson.
	P: Continue & tre plan
OR'S INITIALS	Procedures Performed Today: CMT   Cervical     Thoracic   Lumbar   Lower Extremities   Upper Extremities   MANUATION   1-2   3   0   4-5 REGIONS   C   1   2   3   4   5   6   7   8   9   10   11   12   12   3   4   5   5   7   8   9   10   11   12   12   3   4   5   5   7   8   9   10   11   12   12   3   4   5   6   7   8   9   10   11   12   12   3   4   5   6   7   8   9   10   11   12   12   3   4   5   6   7   8   9   10   11   12   12   13   14   15   15   15   15   15   15   15
(N)	EM MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE  UE MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE  CP/HP DMR DTPT DTHERAPEUTIC EXERCISES DMASSAGE DOTHION DDIA MIN Area
4	I au horize payment from my insurance carrier to be made on my buhalf for the above mention date. I understand that I am esponsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned wer: rendered to me on the above date.
·. · · · · · · · · · · · · · · · · · ·	PATIENTS SIGNATURE O
DD 3431	AL MENA, D.C.
UK. MAN	ALPIENA, M.C.

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONES

PAGE 03

# TRIINITY CHIROPRACTIC

1100 DIXWELL AVE.

	HAMDEN, CT 06517 (203) 787-2000
NAME: _	Jeff D.O.I. 5/3/08.
	Progress Notes
	I Togress Motes
DATE	S. pt returned today stating of lighter since last tx
<i>-1</i>	Und back @ bet Stimble Glades Still with
108	O: I segmental mobility Mid Threegin Tr. Ta Cu-co & Lu.
17/1	A: 62.
6/	P: Continue of to dan.
- (	No es:
DR'S INITIALS	Procedures Performed Today: CMT   Cervical   OThoracic   Lumbar   O Lower Extremities   Upper Extremities   MANIPULATION   O 1-2   O 3-2   O 4-5 REGIONS   C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
	EM MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE
M	US TAIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE
	SEPTHP DMR DTPT DTHERAPEUTIC EXERCISES MASSAGE DOTHION DIA MIN Area I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I
_	am tesponsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned
	were rendered to me on the above date.
	PATIENTS SIGNATURE -
•	
DATE	18. 4. 46. 3.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
<i>c</i> -1	S: pt returned & P in Mid back segion, that is constant.
100	Mick & long back & 1s impromp
16 N	O: V Segmental mobility cle lunce T/s Tx-Ta i US LY.
$\int \partial \chi$	Ms gouse W Rhombord.
Q,	A: 87 on progreman.
	P: Confine & Leplan
	No tes:
DA'S INITIALS	Precedures Performed Today: CMT   Cervical     Thoracic   Lumbar   Lower Extremities   Upper Extremities
	M/NIBLILATION [] 1-2 [43-22] 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
	ENS JUN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE
12	UE MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE DITPHP DMR DTPT DTHERAPEUTIC EXERCISES DMASSAGED OTHION DDIAMIN Area
$\{ \{ \} \}$	I a ithorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I
	are responsible if my insurance carrier does not cover the services rendered battest that the above services mentioned
	were rendered to me on the above date.  PATIENTS SIGNATURE -
<del></del>	
אואאו	AL MENA, D.C.

10/29/2008 13:40 1-203-777-8919

GENERAL PRACTITIONES

PAGE 02

# TRIINITY CHIROPRACTIC

1100 DIXWELL AVE.

NAME:	HAMDBN, CT 06517 (203) 787-2000 D.O.I.
	Progress Notes
DATE	S: Feff Reports @ in the mid bank O > D. News LBP
12	C: Diproctain name NE/GIF C3-CVA To-Ta ELY home
1,1	( is less intense than provide M's spasn ( Rhombaid.
0/,	P. Continue Tox plan.
DR'S INITIALS	Notes:  Procedures Performed Today: CMT   Cervical   Thoracic   Lower Extremities   Upper Extremities
R	MANUBULATION 01-X 03 04-5 REGIONS C1234567, T123456789101112, L12345, S/SI
	US MAN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE  CPTHP DMR D TPT DTHERAPEUTIC EXERCISES DMASSAGED OTHION DDIA MIN Area  I : uthorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I
	ar 1 responsible if my insurance carrier does not cover the services rendered to me on the above date.
	PATIENTS SIGNATURE -
DATE	S Jeff Etated Continued input, Charing somen about Por and to El Was to the hours to their
DATE	O. Ranke domificain clinted & wreeft & Mobility ds.
DATE	
DATE	- quite & Whit that & is les lotters home bother.  O: Rance Norrifferin clinted & wheeft & Mobility ds.  The & His due to Ms bightness & Entohoration
DATE  OR'S INITIALS	Procedures Performed Today: CMT DCervical OThoracic O Lumber O Lower Extremities Output ANAINPULATION 01-2 (3-4) 04-5 REGIONS C1234567, T123456789101112, L12345, S/SI
e color	O: Rankle Norriflexia classed & whether home 60 them  O: Rankle Norriflexia classed & whether home 60 them  The state of Ms to Shtreen & Entertainty of Mobility of M.  A: pt-continues to improve.  P
e color	O: Rankle Storifferia cliented & writing home 60 them  The Alls due to Ms bightness & Substantia  A: pt continues to improve.  P
e color	O: Rankle downstrain cliented & utery & Mobility of s.  The state of the Ment of States & Substance to the Mobility of s.  A: pt continues to improve.  P

10/29/2008 13:40 1-203-777-8919

GENERAL PRACTITIONES

PAGE 01

# I KIINITY CHIROPRACTIC

1100 DIXWELL AVE. HAMDEN, CT 06517

	(203) 787-2000
NAME:	Jeff. D.O.I.
	$\mathcal{V}^{0}$
	Progress Notes
DATE	S: pt reports fuling Plin led but region of Cankle
1 de la como	C: Mi Span de region & Mid back @ XP.
0	P: prografia as expented.  P: 10 - time = for plan
-	Notes:
DR'S INITIALS	Procedures Performed Today: CMT Ocervical OThoracic O Lumbar O Lower Extremities O Upper Extremities  MANIPULATION O 1-20 34 0 4-5 REGIONS C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
	EXS. ON C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE  U. MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE  D CP/HP D MR D TPT D THERAPEUTIC EXERCISES D MASSAGED OTHION D DIA MIN Area
	I muthorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I at a responsible if my insurance carrier does not cover the services rendered. I attest that the above services mentioned
;	wire rendered to me on the above date.  PATIENTS SIGNATURE -
,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	FATIENTS SIGNATURE:
DATÉ	S. Jelly reports feeling botton since last to see in com com-
(\$)	about his @ angle & livel back & that seems constant
ne le	C: palpable tenderne @ ankle . I Mobility de as-a
1	A: pt continues to in more.
A, 1	P 2 dia 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Notes:
	37,01001
DR'S INITIALS	Procedures Performed Today CMT [Cervical   Thoracic   Lumbar   Lower Extremities   Upper Extremities   MANIPULATION   1.2   3-4   3-5   REGIONS   C 1 2 3 4 5 6 7, T 1 2 3 4 5 6 7 8 9 10 11 12, L 1 2 3 4 5, S/SI
6	ELAS MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE
V.	U. MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE
ł	☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES ☐ MASSAGE ☐ OTHION ☐ DIA MIN Area  I suthorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I
	an responsible if my insurance carrier does not cover the service; rendered. I after that the above services mentioned
	were rendered to me on the above date.
	PATIENTS SIGNATURE
DR. MANA	AL MENA, D.C.

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 16 of 22

10/29/2008 13:36

DR. MANAL MENA, D.C.

1-203-777-8919

GENERAL PRACTITIONES

PAGE 04

371708 ~ RIINITY CHIROPRACT 1100 DIXWELL AVE. HAMDEN, CT 06517 (203) 787-2000 NAME: Progress Notes 4 & Le Ly respectively Frocedures Performed Today: CMT Ocervical OThoracic O Lumbar [] Lower Extremities O Upper Extremities DR'S INITIALS MANIPULATION D1-2 9-34 D4-5 REGIONS C1234567, T123456789101112, L12345, S/SI MIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE CPAN DMR DTPT DTHERAPEUTIC EXERCISES DMASSAGE DOTHION DDIA I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I am responsible if my insurance carrier does not cover the services rendered. I attest the above ervices mentioned were rendered to me on the above date. PATIENTS SIGNATURE -DATE Procedures Performed Today: CMT OCervical OThoracic Cl Lumbar O Lower Extremities O Upper Extremities MANIBULATION 01-203-4 04-5 REGIONS C1234567, T123456789101112, L12345, S/SI EMS WIN C/S T/S L/S R L SHOULBER R L ELBOW R L WRIST R L HIP R L KNEER L ANKLE MIN C/ST/SL/SRLSHOULBERRLELBOWRLWRISTRLHIPRLKNEERLANKLE ☐ CP/HP ☐ MR ☐ TPT ☐ THERAPEUTIC EXERCISES (I MASSAGE ☐ OTHION ☐ DIA \_\_MIN Area I authorize payment from my insurance carrier to be made on my behalf for the above mention date. I understand that I am responsible if my insurance carrier does not cover the services rendered Lattest the the above services mentioned were rendered to me on the above date. PATIENTS SIGNATURE

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONES

PAGE 95

Date\_7/9/08

### PROGRESS NOTES

Neck pa o []int., 1 one. []m. []mo, []sev. 1 off. []right side more. Left []arm, []forearm, []hand. []weakness, []numbness, []pain. []int, []cod. Right []arm, []forearm, []hand. []weakness, []numbness, []pain. []int, []cod.

Midbac : pain: []int., [cons. []m, [mo, []sev. Fleft, []right side more.

Lowbac c pain:

🏚nt., Coons. []m. []mo, []sev. []left, 🔐 lgnt side more. Right []buttock, []thigh, []calf, []foot. []pain, []weak, []numb. []int, []con. Left [buttock, [thigh, [least, [foot, [pain, [weak, [numb. ]int, [con.

Headacles: []int., []constant []occip, []frontal, []left, []right []paietal, []temporal, []vertex, []int, []con. []dizzinces, []nauses,

Qbj:

Parace vical muse, guarding [m. mod, []sev. []left, []right side more. Parathi racio muse, guarding []m, []mod, []sev. []loft, []right side more.
Parathi ibar muse, guarding []m, []mod, []sev. []left, []right side more.

**⊈seg, jt.** dys. #seg, jt dys.

Ortho maneuwers:

Assest tent: Dunchanged, Simproving, []worse due to flare up, Tx:

Scerv. Bour. Numb manipulation Secry, Mong, Numb manipulation | Gery, man, traction | Glex/distraction | Physical therapy; Colectron muscle stimulation | Gultrasendo | Thot packs, Geold packs to the [leery, Gthor, Glumbar region.

Plan: []cont with tx. plan []decrease freq. to []once, []twice, []three x's per week For the next []one, []two, []three, []four weeks []dismissed from co

Placet on inactive treatment, return in []four, []six weeks

22/08

PROGRESS NOTES

Sub:

Neck pain:

lint Dons, Im, Imo, Davy Meft, Pright side more. Left Jarn, Hoream, Illand. Iweakness, Inumbress, Ipsin. Biot, Roon. Right []ami, []forearm, []iand. []weskness, []numbness, []pain []int, []oon. Heat aches: Bint., Constant Coccip, Efrontal, Fleft. Fright Spaietal, Stemporal, Dvortex, Sint, Scon. [Idizzineas, Chausea,

Midi ack pain: []int., #cons. Im, []mo, []sev. Bleft, ∏right side more.

Low sack pain:

Int. Cons. []m. Cimo, Cisev. []teft, Cright side more. Right []buttock, []thigh, []calf, []fool. []pain, []weak, []numb. []int, []conl

Loft Overtock Othigh Coals Officer Opsin, Tweak Downb. Jint. Ocon

Para servical muse, guarding []m, amod, []sev, []left, []right side more.

#seg. ji, dys.

Para horacic musc. guarding []m, amod, []sev. []left, []right side more.

Reeg. ji dys.

Para umbar musc. guarding []m, mod. []scv. []left, []right side more.

#seg, jt dys.

· Ortho mancuvers:

Assesment: Junchanged, fimproving, Tworse due to flare up,

Tx:

[]ce v. []thor, []tumb maniputation []cerv. man, traction. []flex/distraction

Physical therapy; [Selectrical resolve stimulation, [Jumpor region.] Plan: []cont with tx. plan []decrease freq. to []once, []twice, []three x's per week For the next []one, []two, []three, []four weeks

Placed on inactive treatment, return in [] four, [] six weeks

10/29/2008 13:36

1-203-777-8919

GENERAL PRACTITIONES

PAGE 06

7/22/08 PROGRESS NOTES Sub: Neck pain; Dint. sons. Dm. Dmo, Dscv. sleft. Bright side more. Left Darm, Officearm, Dhand. Dwcakness, Dnumbness, Opain. Dint. Dcon. Right Darm, Officearm, Dhand. Dwcakness, Onumbness, Opain. Dint. Dcon. Headacles: Dint, Doonstant Doccip, Official, Dieft, Oright Opaletal, Dtemporal, [[vertex, ]]int, Deon. []dizziness. Onausea, seft, Dright side more. Midbac : pain: []int., cons. []m, mo, []sev. LOWDER & pain Sint., [] 2012. []m, []mo, []sev. []left, Eright side more. Right []buttock, []thigh, []calf, []foot, []pain, []weak, []numb. []int, []con. Left []buttock, []thigh, []salf, []foot, []pain, []weak, []numb. []int, []con. Obj: Paraccivical musc. guarding []m, mod, []sev. []left, []right side more. iiseg, jt, dys. Paratheracic musc. guarding []m, amod, []sev. []loft, []right side more. Fscg, jt. cys. Paralus shar muse, guarding []m, mod, []sev. []left, []right side more. seg, it dys. Ortho maneuvers: Assess tent: '[]unchanged, improving, I worse due to flare up. Scerv. [Ithor, Humb manipulation Secry man, traction. Iffer/distraction.

Physical therapy: Selectrical massele scinfulation. Independent of packs, Selectrical massele scinfulation. Independent of the following selectrical massele scinfulation. Plan: []cont with tx. plan []decrease freq. to []once, []twice, []three x's per week For the next []one, []two, []three, []four weeks [dismissed from our Placed on inactive treatment, return in [[four, []six weeks 7/23/08 PROGRESS NOTES Sub: Neck pain: Left Barm, Oforcarm, Oband. Oweskness, Daumbness, Opain. Bint, Doon. Dint: Scons. Om. Omo, Dsev. Sieft, Dright side more. Right Jarm, Oforearm, Oland. Owcekness, Onumbness, Opain Oint, Ocon. Head sches: [lint., []constant []occip, []frontal, []left, []right []paletal, []temporal, []vertex, []int, []con. []dizziness, []nausea, Midl ack pain: []int., Beens. []m, Bmo, []sev. fleft, []right side more. 🜓 int. []cons. []m, []mo, []sev. []ieft, 🛮 right side more. Right []buttock, []thigh, []colf, []fool. []pain, []weak, []numb. []int, []con. Left []buttock, []thigh, []calf, []foot (]pain, []weak, []numb, []int, []con. Obj: Pura ervical muso, guarding []m, #mod, []sev, []left, []right side more. aeg. ji, dya Para horacic musc: guarding []m, mod, []sev. []left, []right side more. #seg. jt. dys. Para umbar muse, guarding []m, [mod, []sev. []left, []right side more. seg. it dys. Orti o maneuvers:

Assissment: [Junchanged, Amproving, ]]worse due to flare up,

Tx:

[]cci v, []thor, []temb manipulation, []cerv, man. traction. []flex/distraction

Physical therapy: []ccotrical musclessimulation, []uitrasound []hot packs, []cold packs to the []cerv, []thor, []humbar region.

Plat: []cont with tx. plan []decrease freq. to []ones, []twice, []three x's per weec: Por the next []one, []two, []th ee, []four weeks

Plat: d on inactive treatment, return in []four, []six weeks []dismissed from care

10/29/2008 13:36 1-203-777-8919

GENERAL PRACTITIONES

PAGE 07

# TRIINITY CHIROPRACTIC

1100 DIXWELL AVE.

	11	HAMDEN	, CT 06517		
	Tell	(203) 7	87-2000		
NAME: _				D.O.I	
	VV				
	'	Progres	s Notes		
	<del></del>		· <del>-</del> · · -	•	
n.ATE	1s: \(\sim\)	80/1000	_		
,	J. — / 1 //	3000 CO -			
\ Q					
10	O: Und back	(P) 50 000 81 84			
1016	,		V		
1/2	A·				
1	P:				
( )					<del></del>
	No es:		·		
DF'S INITIALS				wer Extremities Upper Extr	
	RM2 MIN C/S T/S	1/2 D 1 2HOTT RED P	TETEOW PT WEIST	456789101112, L1234 FRL HIP RL KNEERL	3, 3/31 ANK! F
/ /				R L HIP R L KNEER L	
$\Lambda$				OTHION D DIA MDN Area	
1 /	I au horize payment fron	n my insurance carrier to be	made on my behalf for the	above mention data. I understar	nd that T
	am esponsible if my ins	urance carrier does not cove	er the services ;endered. La	the shave services mer	ntioned
	wer : rendered to me on t				:
	PA)	TIENTS SIGNATURE			
			Land Market	/	
DATÉ	10. 1	1 2-1	1 12 .	14 50 1	
	3. Tretun	ned Vodery a	me 40(1) m	the mid back.	
		ν			···
1	O:			· <del>-</del>	
. 10	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Aa II					
51	A;				
•	P:				
	Notes:			· .	
-					<del></del>
DR'S INITIALS				ower Extremities    Upper Ext	
$\sim$				456789101112, L123	
(,)				TRLHIPRLKNEERL	
(N)		L/S R L'SHOULBER R THERAPEUTIC EXE		TRLHIPRLKNEERU OTHION II DIA MIN Area	ANALE
$\mathcal{Y}$				above mention date. I understa	nd that I
*				artest that the above pervices me	
	were rendered to me on t		المارون المستعمل المارون	7	
		LIENTS SIGNATURE			
		100			<del>,,</del>
			-		
DR MAN	AL MENA, D.C.		<del></del> -		

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 20 of 22

08/05/2008 14:22 1-203-777-8919

GENERAL PRACTITIONES

PAGE 01

Dr. Manai Mena 1100 Dixwell Ave. Hamden, CT 06517 (203) 787-2000

Statement 10/5/2008 Page 1 of 2

JEFFERY THIBODEAU 32 SYCAMORE WAY WALLINGFORD, CT 06492

#### For Professional Services Rendered

1 31 1 10 100	<b>•</b>						<u>.</u>
Date	Service		Charge	Co-Pay	Ins Pay	Adjustment	Running Bal
05/09/2008	99202	Initial Evaluation w/exam	\$135,00	\$0.00	\$0.00	\$0.00	\$135.00
05/09/2008	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$210.00
05/09/2(108	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$247.00
05/09/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$284.00
05/13/2008	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$359.00
05/13/2008	97'035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0,00	\$396.00
05/13/2008	97014	ĖS	\$37.00	\$0.00	\$0.00	\$0.00	\$433.00
05/14/2008	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	<b>\$508</b> .00
05/14/2008	97'035	Ultrasound	\$37.00	\$0,00	\$0.00	\$0.00	\$545.00
05/14/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$582.00
05/15/2/108	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$657.00
05/15/2()08	97'035	Ultrasound	\$37 00	\$0.00	\$0.00	\$0.00	\$694.00
05/15/2/308	97014	ES	\$37 00	\$0.00	\$0.00	\$0.00	\$731.00
05/20/2008	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$806.00
05/20/2:)08	97'035	Ultrasound	\$37 00	\$0.00	\$0.00	\$0.00	\$843.00
05/20/2 108	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$880.00
05/22/2 108	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$955.00
05/22/2/108	97/035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0,00	\$992.00
05/22/2108	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,029.00
05/28/2 )08	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,104.00
05/28/2 008	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,141.00
05/28/2 )08	97014	ES	\$37.00	\$0.0 <u>0</u>	\$0.D0	\$0.00	\$1,178.00
06/03/2008	98941	Chiro Mal, 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,253.00
06/03/2308	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,290.00
06/03/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,327.00
06/04/2 )08	98941	Chiro Mai. 3-4 Regons	<b>\$75.00</b>	\$0.00	<b>\$0.0</b> 0	\$0.00	\$1,402.00
06/04/2008	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,439.00
06/04/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,476.00
06/05/2308	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,551.00
06/05/2008	97035	Ultrasound	<b>\$37.00</b>	\$0.00	\$0.00	\$0.00	\$1,588.00
06/05/2008	97014	ES	\$37.00	<b>\$</b> 0.00	\$0.00	\$0.00	\$1,625.00
06/17/2008	98941	Chiro Mal. 3-4 Regons	\$75,00	<b>\$</b> Q. <b>Q0</b>	\$0.00	\$0.00	\$1,700.00
06/17/2008	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,737.00
06/17/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,774.00
06/19/2008	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,849.00
06/19/2008	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$1,886,00
06/19/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$1,923.00

Case 08-35653-KRH Doc 4793-1 Filed 09/09/09 Entered 09/09/09 13:58:15 Desc Exhibit(s) Page 21 of 22

08/05/2008 14:22 1-203-777-8919

GENERAL PRACTITIONES

PAGE 02

Dr. Manal Mena 1100 Dixwell Ave. Hamden, CT 06517 (203) 787-2000

**Statement** 

10/5/2008 Page 2 of 2

JEFFERY THIBODEAU 32 SYCAMORE WAY WALLINGFORD, CT 06492

#### For Professional Services Rendered

Date	Service		Charge	Co-Pay	ins Pay	Adjustment	Running Bal
06/24/2008	98941	Chiro Mai, 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$1,998.00
06/24/2( 08	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,035.00
06/24/2( 08	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,072.00
06/26/2( 08	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0,00	\$0.00	\$0.00	\$2,147.00
06/26/2008	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,184.00
06/26/20:08	97014	ES	<b>\$37</b> .00	\$0.00	\$0.00	\$0.00	\$2,221.00
07/01/2(-08	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,296.00
07/01/2008	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,333.00
07/01/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,370.00
07/03/20:08	98941	Chiro Mal. 3-4 Regons	\$75,00	\$0.00	\$0.00	\$0.00	\$2,445.00
07/03/2008	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,482.00
07/03/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,519.00
07/09/2008	98941	Chiro Mai. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,594.00
07/09/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,631.00
07/09/2008	97035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,668.00
07/22/2008	98941	Chiro Mal. 3-4 Regons	\$75.00	\$0.00	\$0.00	\$0.00	\$2,743.00
07/22/2(108	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,780.00
07/22/2008	97'035	Ultrasound	\$37.00	\$0.00	\$0.00	\$0.00	\$2,817.00
07/23/2008	98941	Chiro Mal. 3-4 Regons	\$75,00	\$0.00	\$0.00	\$0.00	\$2,892.00
07/23/2008	97014	ES	\$37.00	\$0.00	\$0.00	\$0.00	\$2,929.00
07/23/2008	97'035	Ultrasound	\$37.00	\$0.00	\$0,00	\$0.00	\$2,966.00
07/31/2008	99203	Initial Evaluation w/ History and Exam	\$210.00	\$0.00	\$0.00	\$0.00	\$3,176.00
		Totals	\$3,176.00	\$0.00	\$0.00	\$0.00	\$3,176.00 V

JAN-01-2005 SAT 10:48 PM SUDOWSKI

FAX NO. 1804479444

P. 01/05

TRINITY CHIROPRACTIC LLC 1100 DIXWELL AVE. HAMDEN, CT 06517 TEL (203) 787-2000 FAX (203) 458-7780

June 03, 2008

Wambolt & Tolomeo, LLC

Re: Thibodeau, Jeffrey
Date of Injury/Onset: May 3, 2008
Date of Initial Exam: May 9, 2008

To Whom it May Concern:

On May 9, 2008, Mr. Jeffrey Thibodeau presented himself for an initial examination and evaluation of his complaints coming from a slip and fall accident that he was involved in on May 3, 2008.

**INJURY DESCRIPTION:** 

Mr. Thibodeau reported, Patient stated that he slippe dand fell in front of a circuit city store due to a broken side walk. His right ankle give out and landed on left wrist.

### **CURRENT COMPLAINTS:**

An assessment of Mr. Thibodeau's current signs and symptoms was performed today. His first symptom is dull and throbbing temporal headaches.

Mr. Thibodeau's second stated symptom is sharp and spastic pain in the neck on the right side. It occurs between three fourths and all of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left and by bending to the right.

He stated his third symptom is shooting, spastic, throbbing and pounding pain in the low back on the right side. It occurs between three fourths and all of the time he is awake, and causes scrious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left, bending to the right, twisting to the left, twisting to the right, coughing, sneezing, straining, standing and by lifting.

His next symptom is throbbing pain in the mid back on the right side. It occurs between one half and three fourths of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, bending to the left and by bending to the right.

He stated his next symptom is aching, spastic and throbbing pain in the upper back on the right side. It occurs between one half and three fourths of the time when he is awake, and causes serious diminution in his capacity to carry out daily activities. It is aggravated by bending forward, bending backward, standing and by lifting.

Another symptom is dull, aching and throbbing pain in the right ankle. It occurs between one half and three fourths of the time he is awake, and is tolerated but it does cause some diminution in his capacity to carry out daily activities. It is aggravated by standing and by walking.